

Name
in
Full

S Thayer Albert

+

CERTIFICATE OF DEATH

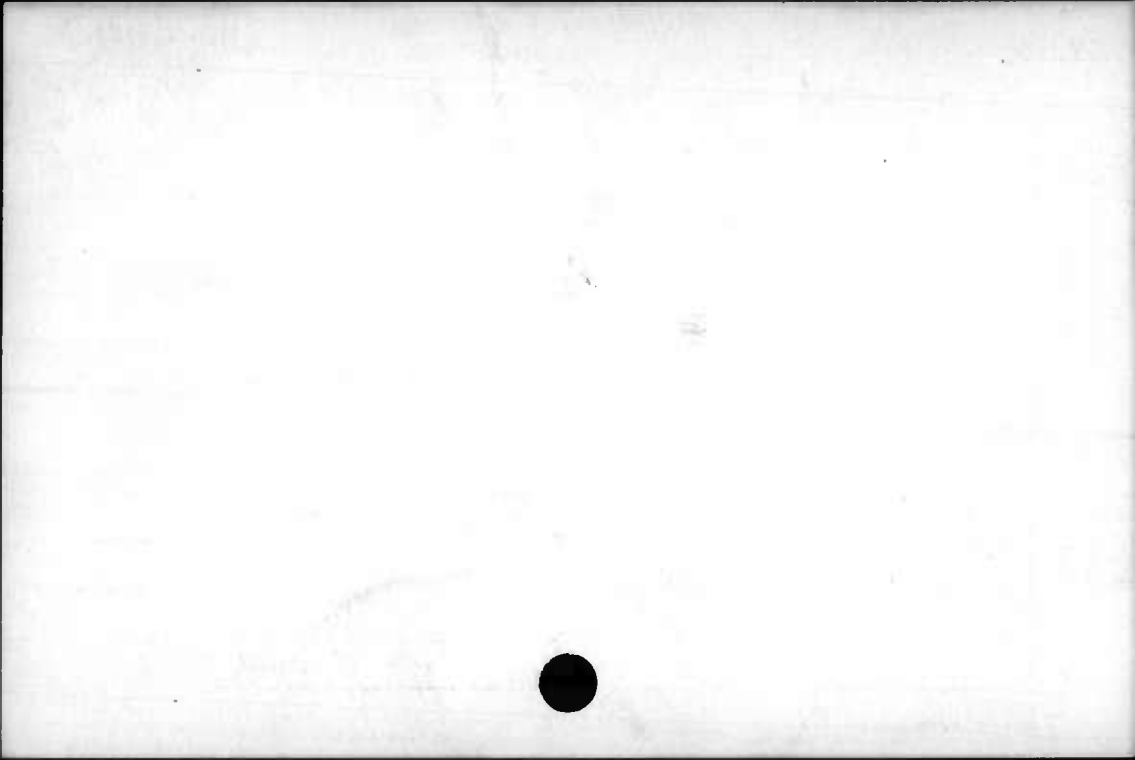
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Oakland Maryland ^{County} Gaust

MARYLAND

Date of death 1903 ^{Month} August ^{Day} 11 ^{Years} Age 67 ^{Months} 0 ^{Days} 0Sex Male Color or Race White Birth-place Do not knowMarried, Single or Widowed Bachelor Occupation EngineerName of Wife or Husband —Father's Name —Father's Birthplace —Mother's Maiden Name DrMother's Birthplace —Name of person giving information E K GoldstorangHow related to deceased Not related

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary old age + Heart FailureHow long 154Immediate Sick for monthsHow long 154Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician E K GoldstorangAddress Oakland Md Summer
Washington D.C WinterAccident or Suicide? —



Name
in Full

Sarah Helen Andrews X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Germany</i> Town		<i>Garrett County</i> County		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>24</i>	Years <i>12</i>	Months <i>8</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Barton</i>			
Married, Single or Widowed <i>Single</i>	Occupation _____				
Name of Wife or Husband _____					
Father's Name <i>James Andrews</i>	<i>166</i>		Father's Birthplace <i>Barton</i>		
Mother's Maiden Name <i>Ellen H Sigler</i>			Mother's Birthplace <i>Franklin</i>		
Name of person giving information <i>Gas Andrews</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fall on abdomen</i>	How long <i>18 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

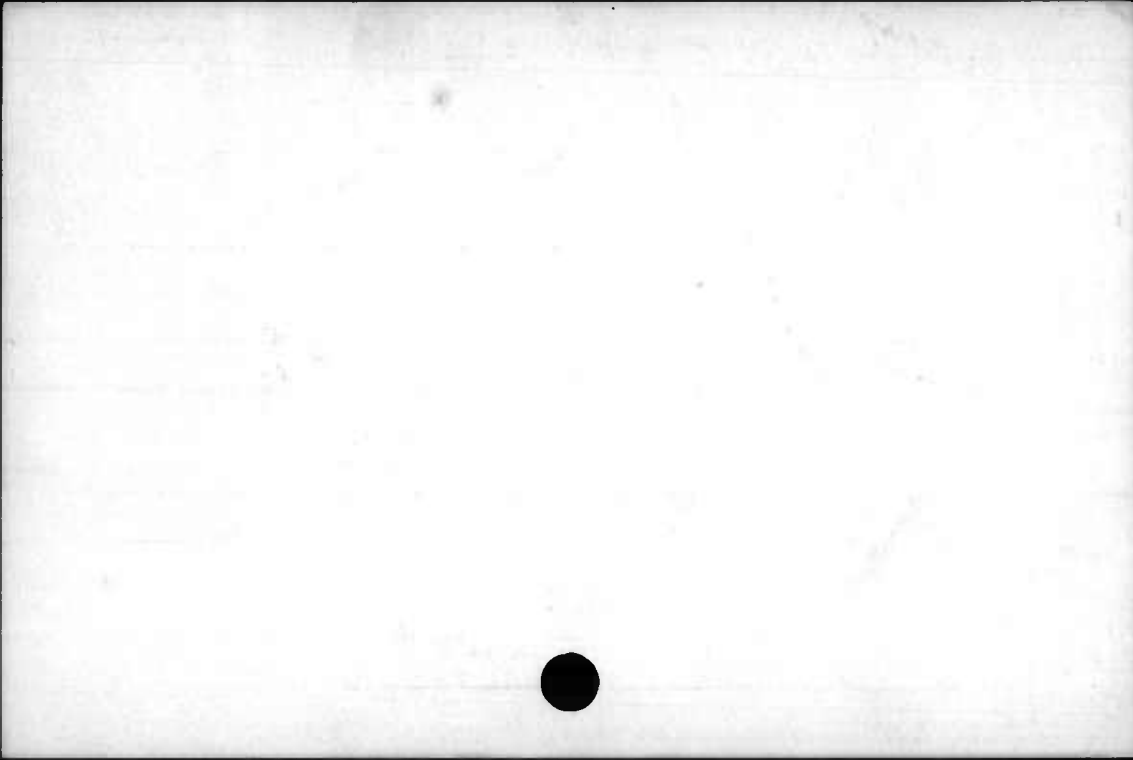
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hayes</i> <small>Town</small>		<i>Consett</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>11</i>	Age	Months <i>5</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Cokland</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>George Bremmerson</i>			Father's Birthplace <i>Bethesda</i>		
Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Hayes</i>		
Name of person giving information <i>Chas D. Smith</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>five days</i>
Immediate <i>Cholera infantum</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. R. Boyer</i>
	Address <i>Acidus Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

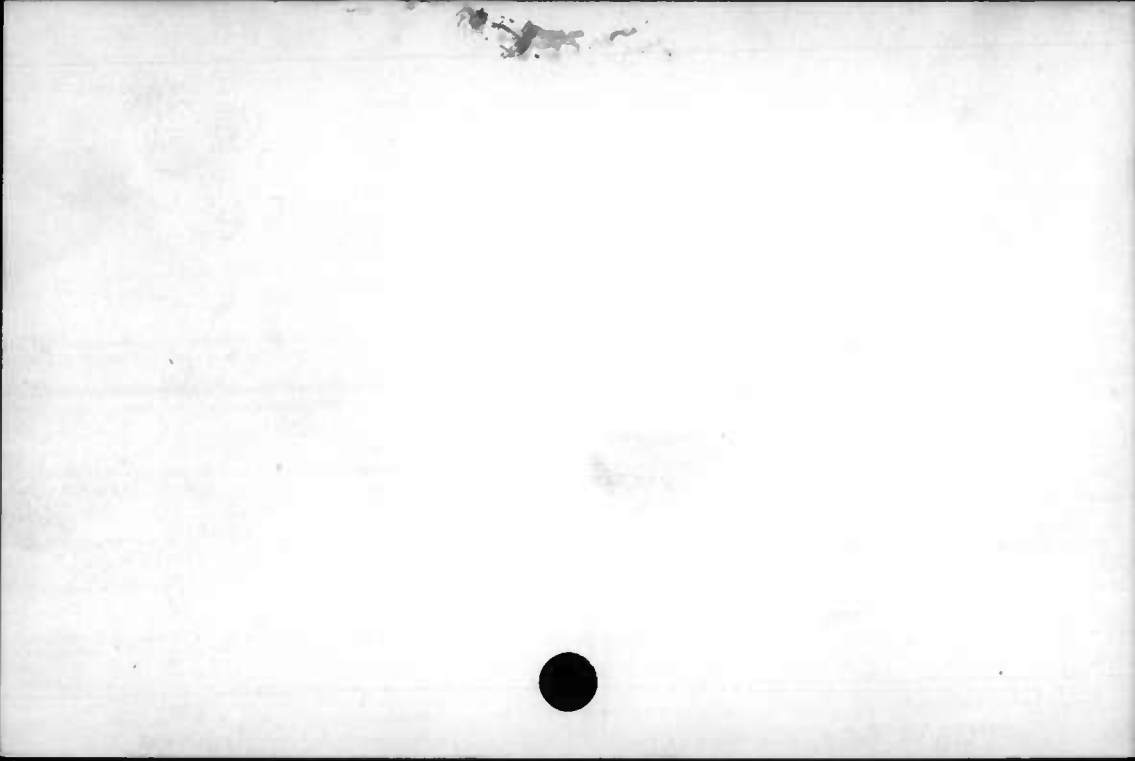
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Bismuth</i>		Town <i>Der Park</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Der Park</i>		Month <i>May</i>		Day <i>16</i>		Age <i>55</i>	
Date of death 1903		Month <i>May</i>		Day <i>16</i>		Years <i>55</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Colore</i>		Occupation <i>Housewife</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Fether's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>	
Father's Name <i>John Bismuth</i>		Mother's Maiden Name <i>McLennan</i>		Name of person giving information <i>John Bismuth</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>1 Year</i>
Immediate <i>Dropsy</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>79</i>
	Address <i>—</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home</i>		Town <i>Garrett</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Date of death 190 <i>6</i>	Month <i>Aug</i>	Day <i>23</i>	Age <i>65</i>	Years	Months	Days	
Sex	Color or Race <i>White</i>		Birthplace <i>Germany</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Edward Deak</i>							
Father's Name <i>Henry Deibel</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>[Signature]</i>		Mother's Birthplace <i>[Signature]</i>					
Name of person giving information <i>Elizabeth Deibel</i>		How related to deceased <i>[Signature]</i>					

CAUSES OF DEATH

Primary	<i>Crook & Bright - Deak</i>	How long	<i>2 years</i>
Immediate	<i>No</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

William Henry Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oakland Town Lyons County

Date of death 1903 Month Aug Day 7 Age — Years Months 10 Days 7

Sex male Color or Race white Birth-place md

☒ Married, Single or ☒ Widowed Occupation —

Name of Wife or Husband —

Father's Name W D Dixon Father's Birthplace md

Mother's Maiden Name Edith Wilson Mother's Birthplace Ohio

Name of person giving Information — How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteritis 105 How long 6 days

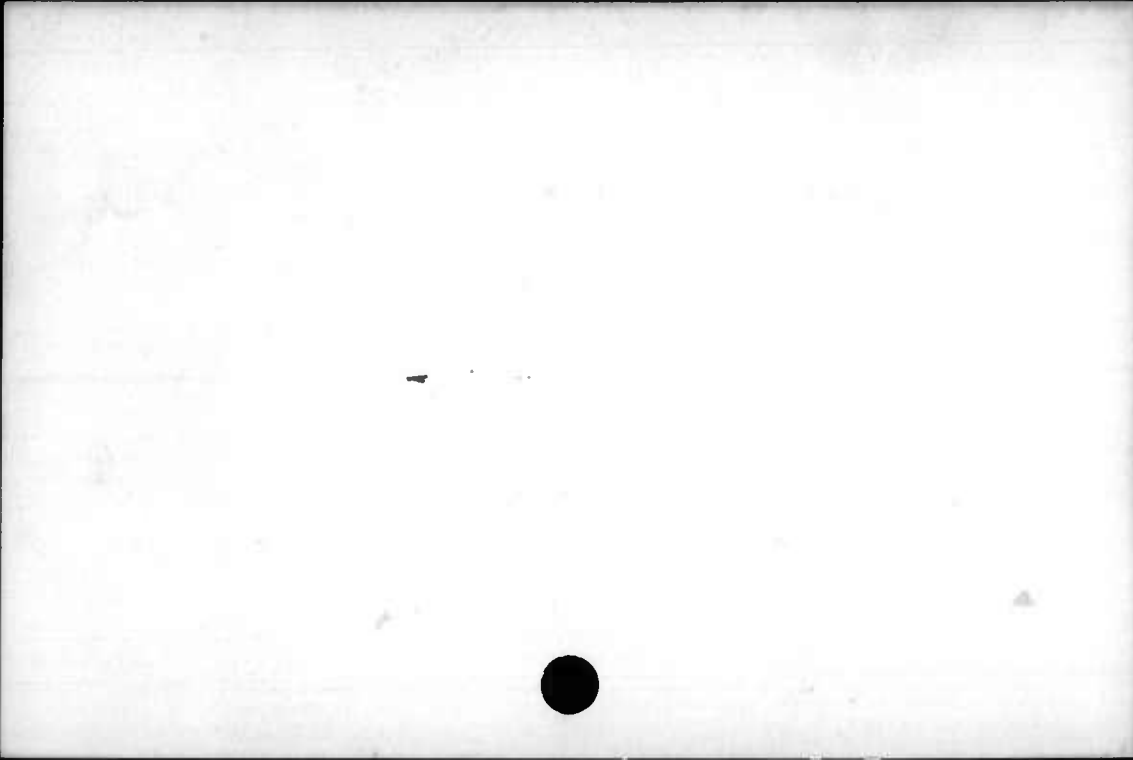
Immediate meningitis How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician M. C. Humberg

Address Oakland

Accident or Suicide? md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

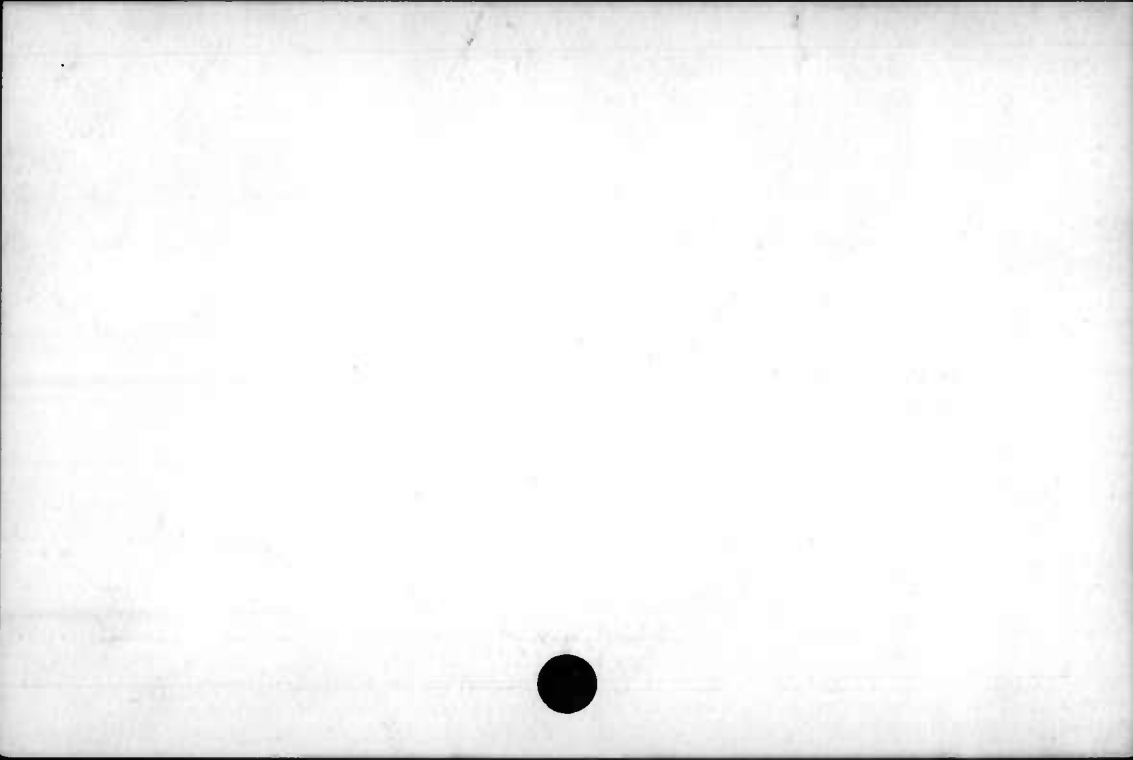
Name in Full <i>Mary A. Harvey</i>		Town <i>Maryland</i>		County <i>Harvey</i>		State <i>MARYLAND</i>	
Died at <i>Maryland</i>		Month <i>August</i>		Day <i>30</i>		Years <i>55</i>	
Date of death 190 <i>3</i>		Month <i>August</i>		Day <i>30</i>		Years <i>55</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>W. Va.</i>		Months <i>5</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>		Days <i>4</i>			
Name of Wife or Husband <i>John O. Harvey</i>							
Father's Name <i>John Cronhalt</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Mary Kitzmiller</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving information <i>Geo. Harvey</i>				How related to deceased <i>Step-son</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grippe + Pneumonia</i>	How long <i>about six m.</i>
Immediate <i>curious prostration</i>	How long <i>4 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. D. Newman, M.D.</i>
	Address <i>Oakland Ind.</i>
Accident or Suicide? <input type="checkbox"/>	



Olivia Johnson

Town

County

Died at

*Dist No 9**Harrods*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*03**Aug 8*

Age

*3**Md*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Thos J. Johnson

Mother's

Maiden Name

Mrs. Pulliam

Cause of

Primary

Gastro Enteritis

How long sick

One week

Death

Immediate

Exhaustion 105

Accident, Suicide, Homicide

Reported by

F. Alan G. Murray M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

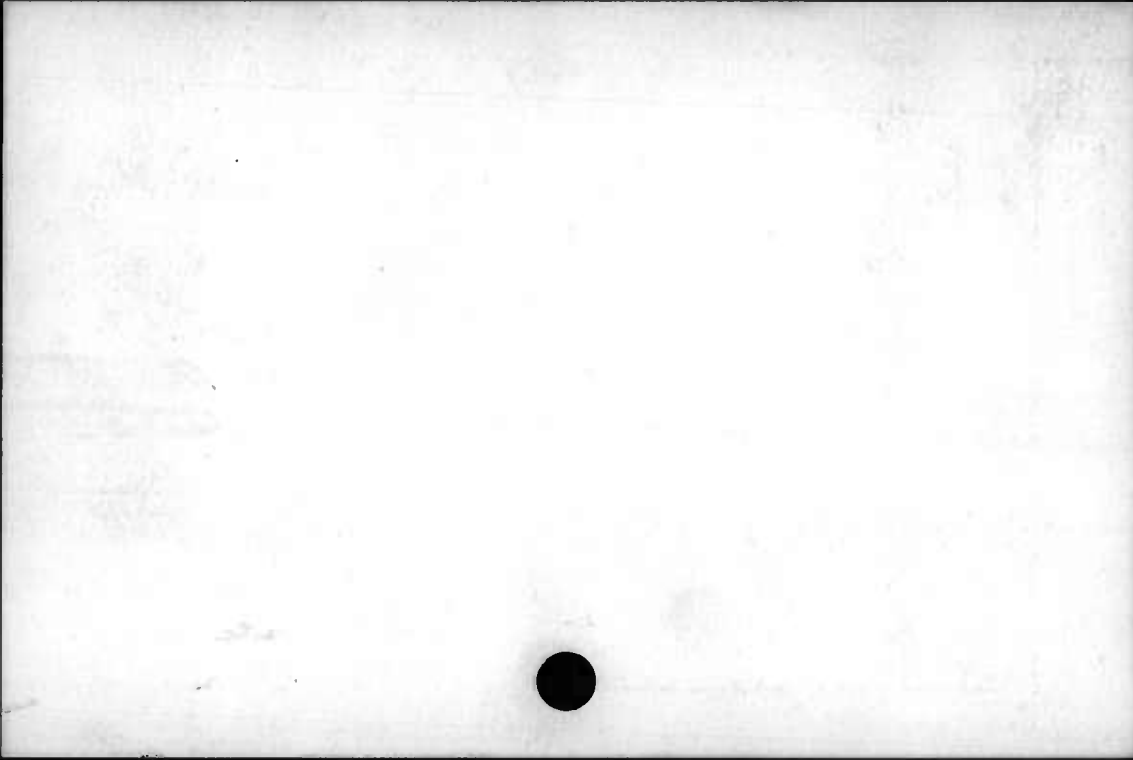
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swanton</i>		Town <i>Swanton</i>		County <i>Hart</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>10</i>	Age	Years	Months	Days <i>30</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>				
Married, Single or Widowed <i>Infant</i>			Occupation				
Name of Wife or Husband <i>Burdette Lawrence</i>							
Father's Name <i>Burdette Lawrence</i>			Father's Birthplace <i>N Y</i>				
Mother's Maiden Name <i>Eva Belle Camp</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>(Burdette Lawrence)</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>2 week.</i>
Immediate <i>Cholera Infantum</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Swanton Md.</i>
Accident or Suicide? <i>105</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James Patrick Mc Cusker.

CERTIFICATE OF DEATH

West. Va.
MARYLANDDied at *Corleton* TownCounty *Sucker*Date of death 190 *3* AugDay *27*Age *66* Years

Months

Days *4*Sex *Male*

Color or Race

White

Birth-place

Married, Single or Widowed

Widower.

Occupation

Shoemaker.

Name of Wife or Husband

Elizabeth M. Cus.

Father's Name

Hugh M. Cusker.

Father's Birthplace

Ireland.

Mother's Maiden Name

Mrs. Dougherty

Mother's Birthplace

Name of person giving information

Mrs. Hugh M. Cusker

How related to deceased

Daughter.

CAUSES OF DEATH

Primary

How long

Immediate

Heart Failure

How long

5 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

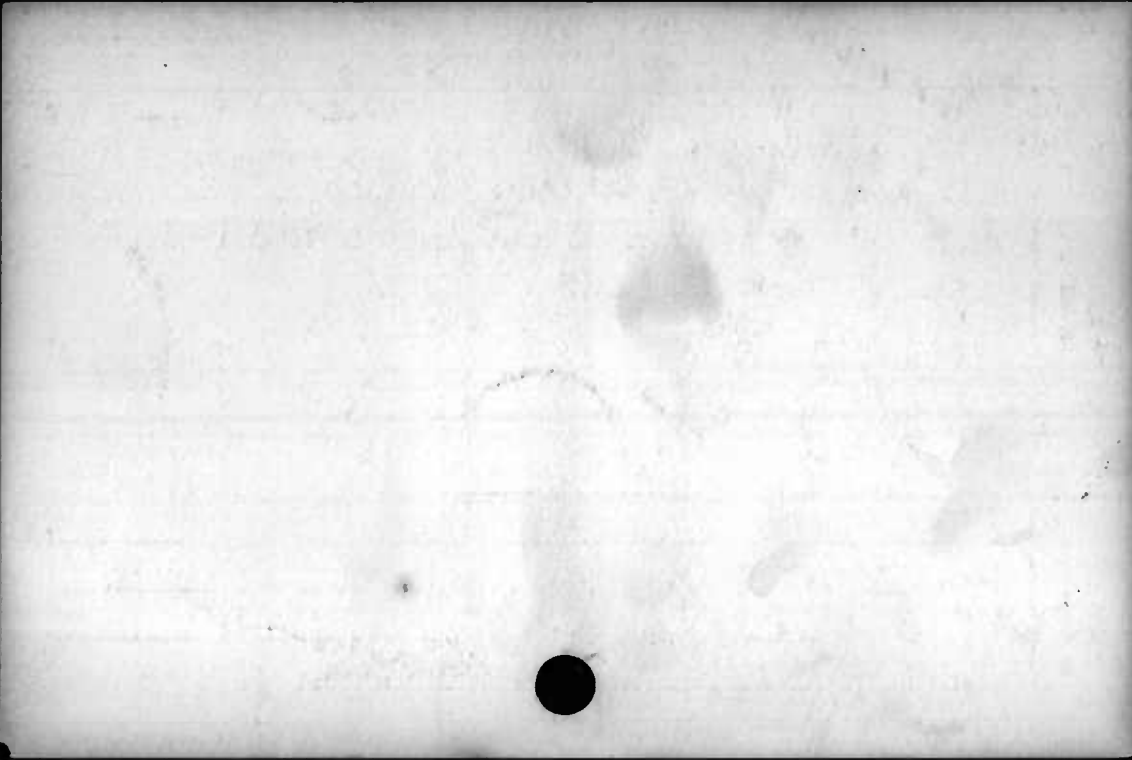
Signature of Physician

J. M. Hoffman.

Address

Thomas W. Va.

Accident or Suicide?



Name
in
Full

Margaret S. McMillan X

CERTIFICATE OF DEATH

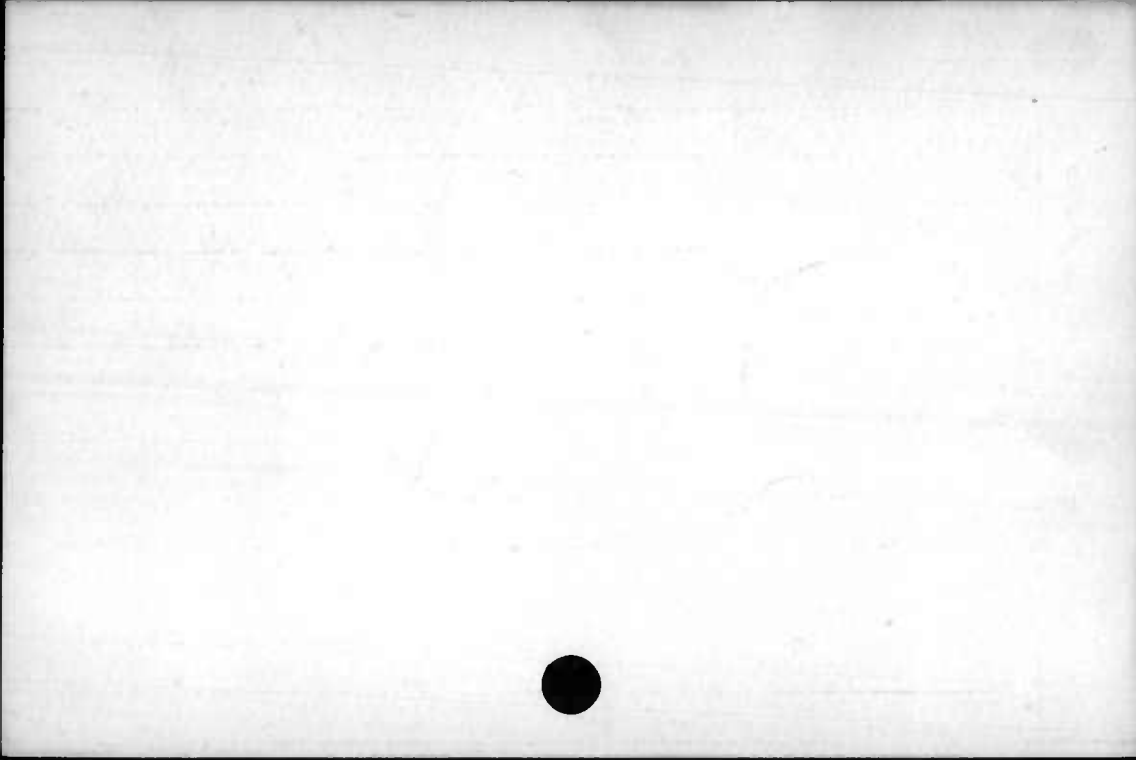
TO BE ANSWERED BY
NEAREST FRIEND

Died at		District No 11 -		County Garrett		MARYLAND	
Date of death 1903		Month August	Day 10	Age 79	Years	Months 2	Days 17
Sex Female		Color or Race white		Birth-place Scotland			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband		Hugh McMillan					
Father's Name		James Smith		Father's Birthplace		Scotland	
Mother's Maiden Name		Margaret Houston		Mother's Birthplace		Scotland	
Name of person giving information		Hugh McMillan		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	6 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		James O. Bullock	
Address		Lonaconing Maryland	
Accident or Suicide?			



Name
in
Full

Mrs William Moody

CERTIFICATE OF DEATH

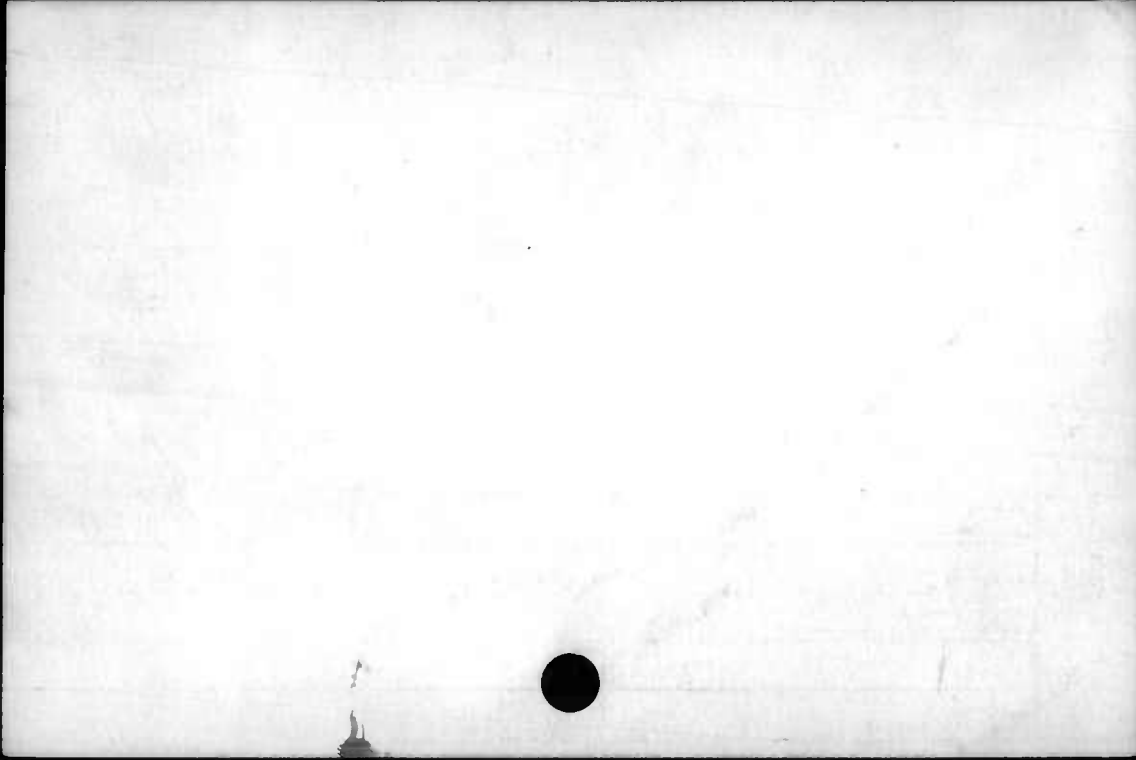
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bloomington</i>		County <i>Garrett</i>		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>thirtieth</i>	Age <i>about 65</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place				
Married, Single or Widowed <i>Married</i>			Occupation				
Name of Wife or Husband <i>William Moody</i>							
Father's Name			Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving in formation <i>William Moody</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer on breast</i>	How long
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Keub</i>
		Address <i>Bloomington</i>
Accident or Suicide?		



CERTIFICATE OF DEATH

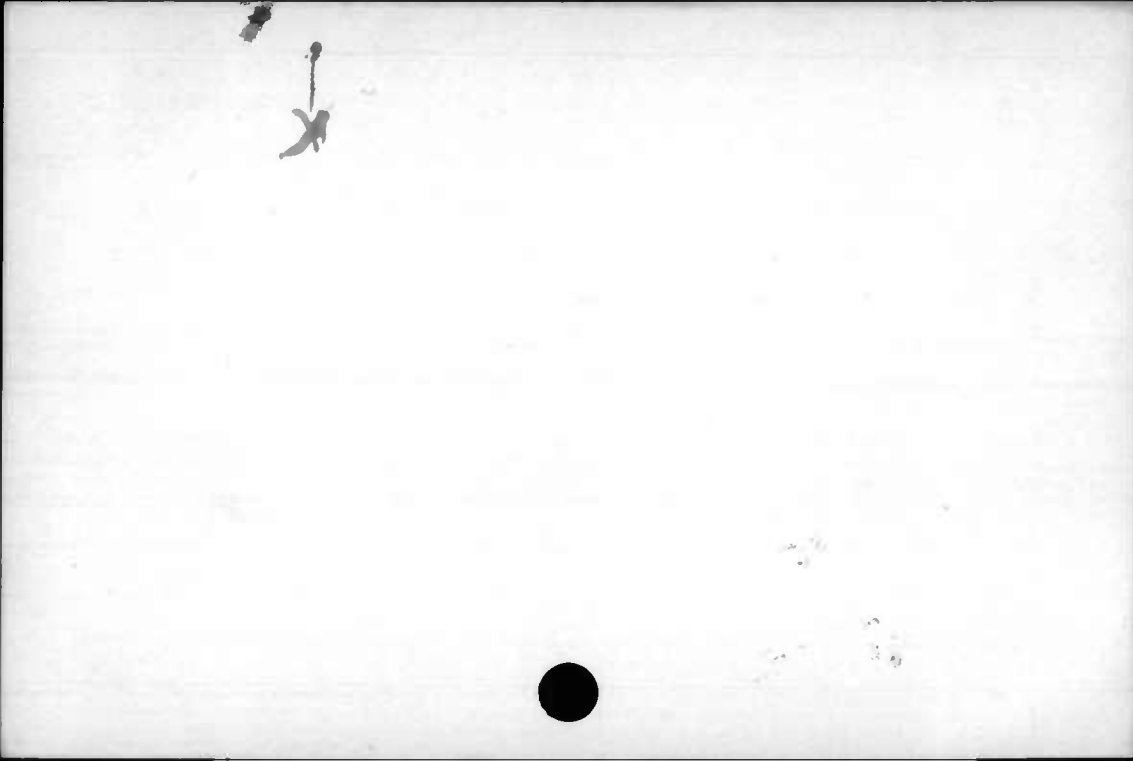
**TO BE ANSWERED BY
NEAREST FRIEND**

Died at <i>Shawanton</i>		County <i>Garratt</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>19th</i>	Years <i>35</i>	Months <i>7</i>	Days <i>4</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Thomas Rhodes (Husband)</i>					
Father's Name <i>Otis Daugh</i>				Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Amie Beavers</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving Information <i>Thomas Rhodes.</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sporadic Dysentery 14	How long	2 weeks
Immediate	Child-birth + Anemia	How long	7 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician	C. J. Gagnier M.D.
		Address	Swanton, Ind.
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

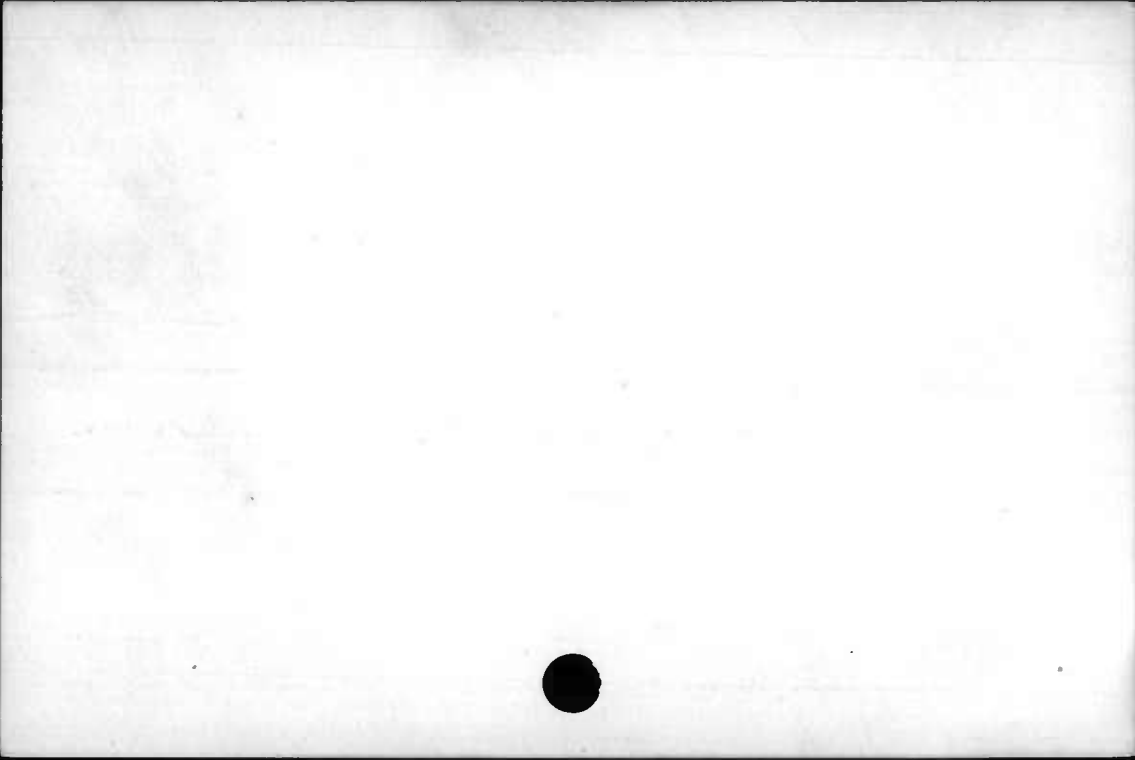
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Franklin Schutz</i>		Town <i>Oakland</i>		County <i>Garrett</i>		STATE MARYLAND	
Died at <i>Oakland</i>		Month <i>Aug</i>		Day <i>28</i>		Years <i>52</i>	
Date of death 1903		Month <i>Aug</i>		Day <i>28</i>		Age <i>52</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mt. Savage</i>		Months <i>6</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Miner</i>		Father's Birthplace <i>_____</i>		Mother's Birthplace <i>_____</i>	
Name of Wife or Husband <i>Clara Schutz</i>		Father's Name <i>Peter Schutz</i>		Mother's Maiden Name <i>Christina Lefine</i>		How related to deceased <i>Son</i>	
Name of person giving information <i>David Schutz</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dyspnea</i>		How long <i>177</i>	
Immediate <i>yes</i>		How long <i>_____</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Shultz</i>	
		Address <i>_____</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

North Subers X

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Dear Park

Date

Aug 4

Month

Day

Aug

Age

Years

66

Months

Days

of death 1903

Sex

Female

Color or
Race

White

Birth-
place

Md

~~Married~~ Single
or Widowed

widowed

Occupation

H. Miller

Name of Wife or
Husband

Daniel P. Subers

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

Florence Smith

How related
to deceased

—

CAUSES OF DEATH

Primary

Rheumatism & heart trouble

How long

3 weeks

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

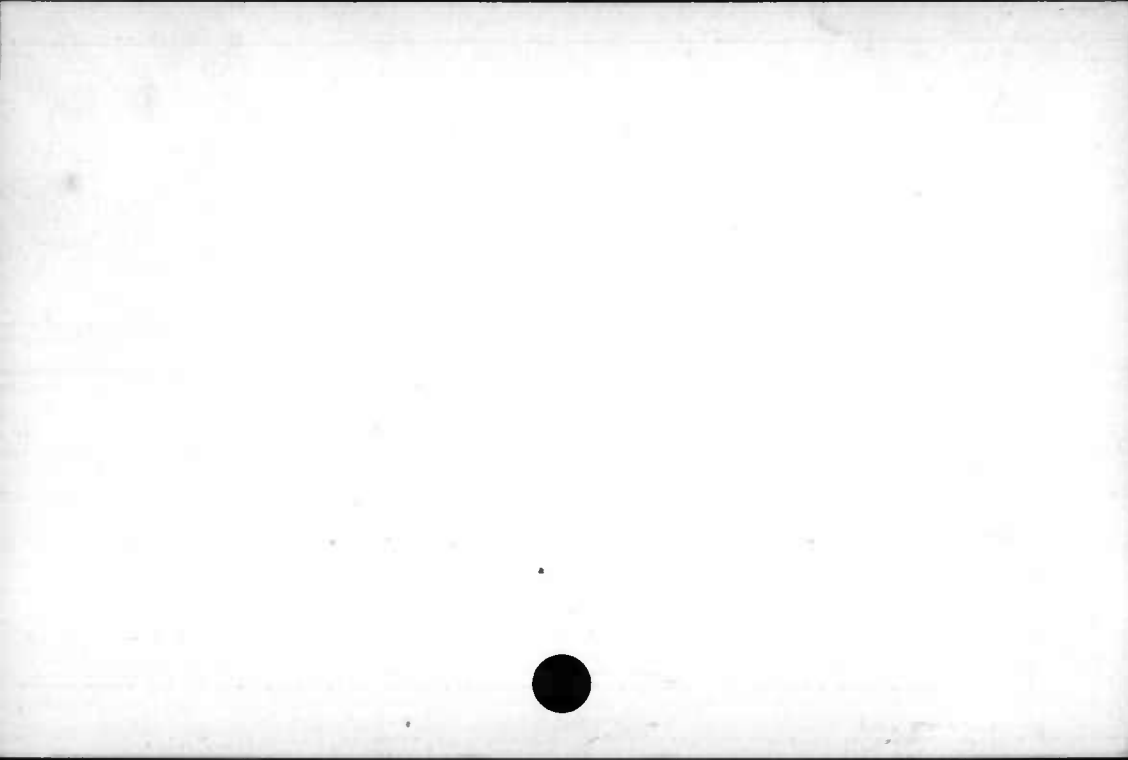
L. J. Simpson

Address

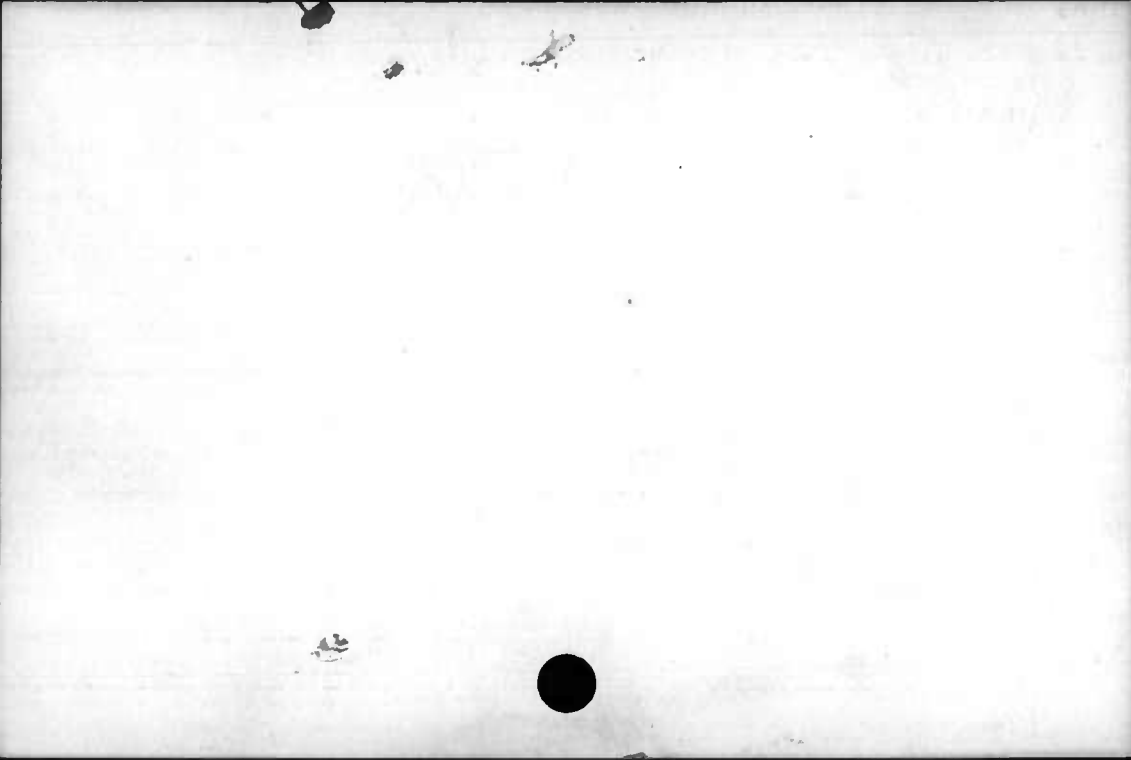
Dear Park

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Sachlyon</i>		County <i>Gunn</i>				
		Died at <i>Sachlyon</i>		State <i>MARYLAND</i>				
		Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>about 25</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ira</i>				
		Married, Single or Widowed <i>Single</i>		Occupation <i>H Wife</i>				
		Name of Wife or Husband <i>A. I. Spiker</i>						
Father's Name <i>—</i>		Mother's Maiden Name <i>—</i>		Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>		
Name of person giving information <i>Ann Leckie</i>				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Consumption</i>				How long <i>several months</i>		
		Immediate <i>27</i>				How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>H. M. McQuinn</i>		
						Address <i>Acchelon</i>		
Accident or Suicide?								



Name
in
Full

Miss Carrie Undercoffer

CERTIFICATE OF DEATH

MARYLAND

Died at Kruger Town

County Garrett

Date
of death 1903Month
AugustDay
18Age
20

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Pa

Married, Single
or Widowed

Single

Occupation

Musician

Name of Wife or
HusbandFather's
Name

Jeferson Undercoffer

Father's
BirthplaceMother's
Maiden Name

Mary Yearey

Mother's
BirthplaceName of person giving
Information

J. B. Knabb

How related
to deceased

now Relation

CAUSES OF DEATH

Primary

Hemorrhage from lungs

How long

1 Day

Immediate

11

4

4

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

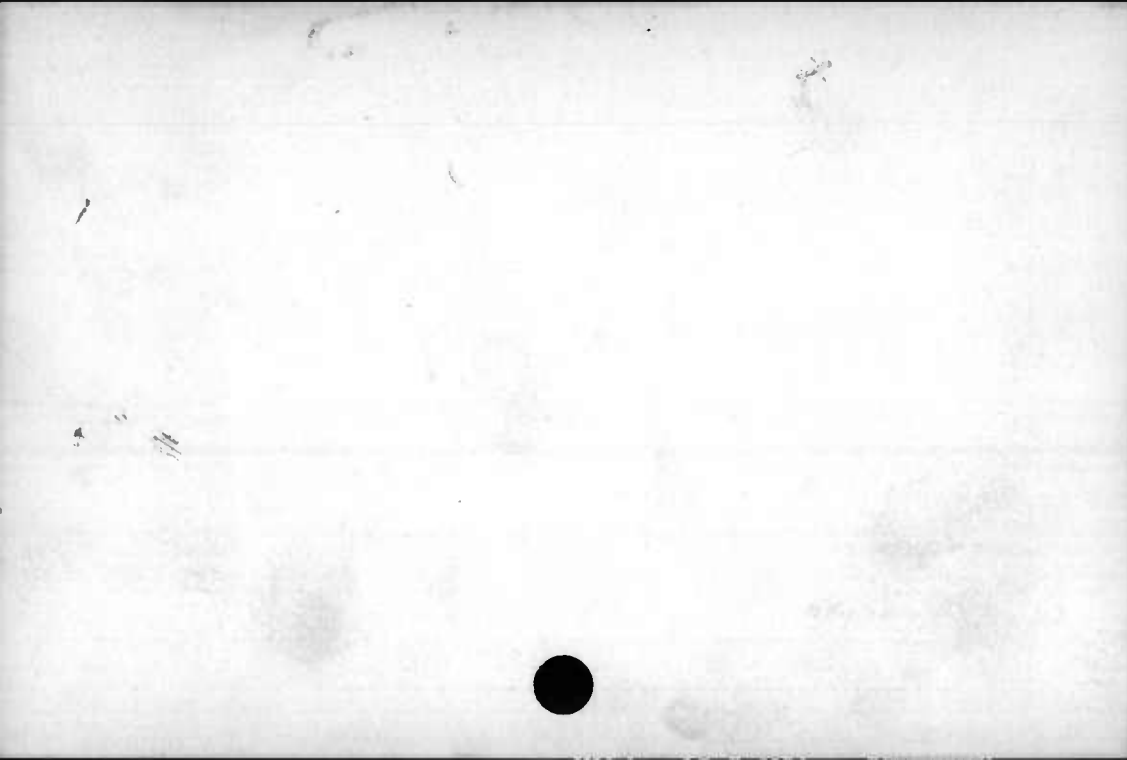
Address

A. J. Mason

Ffendaville Rd

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buchanan</i>		Town <i>Stamett</i>		County		MARYLAND	
Date of death 1903	Month <i>aug</i>	Day <i>9th</i>	Age <i>48</i>	Years	Months <i>4</i>	Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>W. Va.</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Maggie Spinters</i>				<i>Wife</i>			
Father's Name <i>Elijah Spinters</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Lidia Smith</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving information <i>Elijah Spinters Jr.</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Insipidus</i>	How long <i>50</i>	How long <i>25 years</i>
Immediate <i>General Debility & Paralysis</i>	How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Hazenbaker M.D.</i>	
	Address <i>Stanton Ind.</i>	
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John L. Winters

X

Town

County

Died at BeekmanEssex

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Aug9Age about 50

Sex

maleColor or
RacewhiteBirth-
placeMarried, Single
or WidowedMarried

Occupation

FarmerName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Heart Disease

How long

5 yrs

Immediate

Bright Disease

How long

1 yr.Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianM. C. Hinebaugh

Address

Concord

Accident or Suicide?

mdPHYSICIAN
OR CORONER

